



**State of Delaware  
Minority and Women Business Enterprise  
Specialized Application**

**For use by companies that hold current  
Minority, Women or Disadvantaged Business Enterprise certification from:  
Delaware Department of Transportation (DelDOT)  
City of Wilmington  
Minority Supplier Development Council (MSDC)  
Women Business Enterprise National Council (WBENC)  
Pennsylvania Unified Certification (PAUCP)  
Pennsylvania Department of General Services Minority/Women Business Enterprise**

**Complete application and mail to:**

Office of Minority and Women Business Enterprise (OMWBE)  
Haslet Armory  
122 William Penn Street  
Dover, DE 19901  
Telephone: (302)739-4206 Fax: (302)739-1965  
Email: [deomwbe@state.de.us](mailto:deomwbe@state.de.us)  
Website: [www.omwbe.delaware.gov](http://www.omwbe.delaware.gov)

Updated 7/07

OMWBE use only: Application Date:

Mail application to:  
Office of Minority and Women Business Enterprise  
Haslet Armory  
122 William Penn Street  
Dover, DE 19901

If you have any questions regarding the completion of this application, please contact us at (302) 739-4206.

**Note – This section must be filled out in its entirety for the application to be processed.**

**Incomplete applications will not be processed.**

<b>1. Business Name(s), Federal Identification Number (EIN/SSN)</b>				
Legal Name of Firm:				
Doing Business As (If applicable):				
Federal E.I. Number/SSN:		E-Mail Address:		
Address line 1:				
Address line 2:				
City		State	Zip Code	Country
Telephone Number:		Extension:	Fax Number:	
Company Web Site Address:				
Corp <input type="checkbox"/>	LLC* <input type="checkbox"/>	S Corp <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLP** <input type="checkbox"/>
Sole Proprietor <input type="checkbox"/>		Joint Venture <input type="checkbox"/>		
Date Firm was established?				

\* Limited Liability Corporation

\*\* Limited Liability Partnership

<b>2. Primary owner applicant information</b>				
Name:		Title:		
Mailing Address:	City:	State:	Zip Code:	Country:
Telephone Number:	Extension:	Fax Number:		
E-Mail Address:				
Date owner acquired controlling interest?				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Ethnic Group:		
U.S. Citizen or Permanent Resident: <input type="checkbox"/> No <input type="checkbox"/> Yes				

<b>3. Firm is applying as:</b>			
<b>Minority Business Enterprise</b>		<b>Women Business Enterprise</b>	
<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> African American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native American
<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> Other	<input type="checkbox"/> Subcontinent Asian	<input type="checkbox"/> White American
		<input type="checkbox"/> Other	

**4. Describe, in detail, what product(s) and/or services your business provides. Attach additional pages and/or the company's catalog or inventory list, if needed.**

**5. Six digit North American Industry Classification System (NAICS) Code(s):**  
(To assist you in determining your NAICS Code(s) go to [www.census.gov/naics](http://www.census.gov/naics))

1.	2.	3.	4.	5.	6.
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**6. Type of Business**

<input type="checkbox"/> Building trade	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Other
<input type="checkbox"/> Consultant	<input type="checkbox"/> Supplier	
<input type="checkbox"/> Generalized service	<input type="checkbox"/> Highway Construction	
<input type="checkbox"/> Licensed professional services		

**7. Please list the gross receipts of last two years**

(A) Year Ending:	Gross Receipts:
(B) Year Ending:	Gross Receipts:

**8. Has your office ever been denied by OMWBE?** Yes ☐ No ☐

**9. Please indicate which organization your firm is certified by.**

DelDOT/PAUCP <input type="checkbox"/>	MSDC <input type="checkbox"/>	PA MWBE <input type="checkbox"/>	WBNEC <input type="checkbox"/>	City of Wilmington <input type="checkbox"/>
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**Other Certifications (please attach additional paper if necessary)**

**10. Is your firm registered with Central Contractor Registration (CCR) - Web site <http://www.ccr.gov/>**  
Yes ☐ No ☐

**11. How did you hear about the Office of Minority and Women Business Enterprise:**

<input type="checkbox"/> OMWBE staff speak at an event sponsored by another organization	<input type="checkbox"/> OMWBE staff at a trade show or expo
<input type="checkbox"/> OMWBE's web site	<input type="checkbox"/> Materials published by OMWBE
<input type="checkbox"/> Referred by another organization	<input type="checkbox"/> Referred by the owner of an MBE or WBE
<input type="checkbox"/> Delaware state employee	<input type="checkbox"/> Other, please explain briefly:



## State of Delaware Minority and Women Business Enterprise Affidavit

Hereafter, "the Business" refers to

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Business Name

I understand the illegal nature of receiving public or private funds or other property as a consequence of false representation as to the minority status of the business and do herein certify under penalty imposed by Delaware statutes that the information provided is correct and said information herein may be used for the purposes of certifying the business as a Minority and/or Women Business Enterprise. Any false representation will be grounds for denying certification or initiating decertification in the future.

I agree to make available for inspection to the MWBE office any such materials that may be required to substantiate the degree of minority and women ownership and control of the business. I agree to arrange for on-site inspections of the business' facilities in order to verify information provided in this document.

I agree to provide written information relative to any future change in ownership and/or management of the business to the MWBE office within two weeks of the occurrence of the change. I acknowledge that failure to timely submit required change of status documentation might result in the decertification of the business.

I understand that the certification expiration is three years following the initial date of certification. I further understand that the business must apply for recertification prior to the expiration.

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Type or Print Name of Owner

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Signature of Owner

Date

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Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ a.d.  
Month, Year

Signed \_\_\_\_\_

NOTARY PUBLIC IN AND FOR THE

County of \_\_\_\_\_

State \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Date

## Optional Questions

You are not required to answer the following questions and the answers will not affect your company's eligibility for certification. However, the answers will help OMWBE to identify business opportunities that may be suited to your company. Answers may be estimated; exact figures aren't necessary.

<b>For all companies</b>
How many years has your company been conducting business with you as owner?
How many contracts, subcontracts, and/or sales has your company completed during the last 12 months?
What is the largest contract, subcontract, or sale your company completed in the past 24 months?
Has your company done any business with government? <input type="checkbox"/> No; <input type="checkbox"/> Yes
If yes, what level of government (check all that apply): <input type="checkbox"/> Federal; <input type="checkbox"/> State; <input type="checkbox"/> Local
Has your company done any business with government in the State of Delaware? <input type="checkbox"/> No; <input type="checkbox"/> Yes
Number of government contracts, subcontracts, or sales completed (estimate):
<b>For Construction-Related Companies Only (not including suppliers of construction materials)</b>
What is your company's bonding capacity? \$ _____ (indicate "unknown" if you do not know)
What percent of your business is direct contracting?
What percent of your business is subcontracting?

## Specialized Certification Application Documents

The following documents must be submitted with the application form:

### Delaware Department of Transportation (DelDOT) & Pennsylvania Unified Certification (PAUCP)

1. Copy of the DelDOT certificate & approval letter
2. Two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms.

### Minority Supplier Development Council (MSDC) certified companies, please submit the following:

1. Copy of the MSDC certificate & approval letter.
2. Two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms.

### Women Business Enterprise National Council (WBENC) certified companies, please submit the following:

1. Copy of the WBENC certification & approval letter.
2. Two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms.
3. Proof of U.S. citizenship or permanent residency.

### City of Wilmington

1. Copy of the City of Wilmington certification & approval letter.
2. Two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms.
3. Proof of U.S. citizenship or permanent residency

### Pennsylvania Department of General Services Minority/Women Business Enterprise

1. Copy of the DGS MWBE certification & approval letter.
2. Two preceding years of business tax forms. If business tax forms are not available, two preceding years of personal tax forms.
3. Proof of U.S. citizenship or permanent residency